

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155109		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/28/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MISHAWAKA				STREET ADDRESS, CITY, STATE, ZIP CODE 811 E 12TH ST MISHAWAKA, IN46544			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint 00088550, 00088955, 00089345, and 00089363.</p> <p>Complaint Number 00088550: Unsubstantiated due to lack of evidence.</p> <p>Complaint Number 00088955: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint Number 00089345: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint Number 00089363: Substantiated, Federal/State deficiencies related to the allegations are cited at F371 and F465.</p> <p>Dates of Survey: April 27 & 28, 2011</p> <p>Facility Number: 000045 Provider Number: 155109 AIM Number: 100291400</p> <p>Survey Team: Heather Tuttle, RN. TC. Janelyn Kulik, RN.</p> <p>Census Bed Type: 57 SNF/NF</p>			F0000	<p>Disclaimer Statement: Submission of the plan of correction is not an admission that a deficiency exists or that they were cited correctly. This Plan of Correction is a desire to continuously enhance the quality of care and services provided to our residents and is submitted solely as a requirement of the provision of Federal and State law. This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirement.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0371 SS=F	<p>57 Total</p> <p>Census Payor Type: 5 Medicare 34 Medicaid 18 Other 57 Total</p> <p>Sample: 5</p> <p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2 .</p> <p>Quality review completed on April 29, 2011 by Bev Faulkner, RN</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to ensure food was stored and served under sanitary conditions related to</p>			F0371	<p>F371-F Sanitary Conditions The facility must -(1) Procure food from sources approved or considered satisfactoryby Federal, State or local authorities; and(2) Store, prepare, distribute and serve food under sanitary conditions. 1) Refrigerator #2 and the reach-in cooler have received maintenance and temperatures are within normal range. Dietary Cook #1 was in-serviced on infection control related to handwashing,</p>		05/23/2011

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	<p>refrigerator temperatures being too high and using gloved hands to serve food for 1 of 1 kitchen areas. This had the potential to affect 57 residents who resided in the facility. (The main kitchen)</p> <p>Findings include:</p> <p>1. During the full kitchen sanitation tour on 4/27/11 at 3:40 p.m., with Dietary Cook #2 the follows was observed:</p> <p>A. The temperature of the refrigerator on the</p>				<p>appropriate use of gloves, and appropriate use of utensils during food service.2) All residents had the potential to be affected by this practice. An audit of current residents was completed to ensure that no residents were affected by this practice.3) The Dietary Manager/DCE will in-service dietary staff regarding appropriate kitchen sanitation, refrigerator temperatures and food handling/serving according to infection control guidelines to maintain sanitary conditions and follow guidelines.4) The Dietary Manager will monitor/audit the kitchen for appropriate sanitation, refrigerator temps and food handling/serving according to infection control and sanitation guidelines. Audits will occur at a minimum of five times per week for a minimum of at least 60 days or until no further issues are noted. Issues noted by the Dietary Manager will be reported to the E.D./designee for review and corrective action as needed. The Dietary District Manager and the E.D./designee will follow up on a weekly basis x 4 weeks, then monthly until no further issues are noted. Any concerns will be monitored through QAA process for a minimum of three months. If no issues are noted after completion of the monthly QAA process for three months, monitoring will be decreased to an as needed basis as determined by the QAA</p>		

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	<p>inside thermometer indicated a temperature of 50 degrees Fahrenheit. The temperature on the thermometer located on the outside of the cooler indicated a temperature of 52.6 degrees. This cooler was identified as refrigerator #2. There was a bowl of butter pads and a pitcher of a flavored drink inside the refrigerator.</p> <p>Interview with Dietary Cook #2 at the time, indicated the refrigerator works sometimes.</p>				<p>committee. If issues continue to be identified, the QAA committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAA committee.</p>		

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	<p>B. The temperature of the reach-in cooler located by the steam table had an inside temperature of 45 degrees Fahrenheit. Inside the refrigerator were glasses of milk, pitchers of flavored drink mix, and pureed cucumber salad. The outside thermometer on the reach in cooler registered 48 degrees Fahrenheit.</p> <p>C. Dietary Cook #1 was observed preparing a cucumber and tomato</p>						

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	<p>salad. The cook was wearing a pair of gloves to both of her hands. The cook was observed stirring the vegetables in a large pan with the gloved hands. She then opened a jar of salad dressing and poured the salad dressing into a measuring cup with the same gloved hands. The cook was observed wiping her forehead with the same gloved hands. The cook then stirred the vegetable salad. After she was finished, she then left the kitchen wearing the same pair of</p>						

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	<p>gloves. At no time, did she remove the gloves and wash her hands with soap and water after touching her forehead.</p> <p>2. On 4/27/11 at 6:06 p.m., Dietary Cook #1 was observed serving the supper meal in the kitchen on the tray line. The Dietary Cook was wearing a pair of gloves to both of her hands. The Dietary Cook was observed touching plates, utensils, and lids with her gloved hands. The Dietary Cook was then observed reaching</p>						

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	<p>into the bag of potato chips with those same pair of gloved hands and grabbed a handful of chips and placed them onto the residents's plates. The Dietary Cook also was observed reaching into the bagged "hoagie buns" with the same pair of gloved hands and placing the buns onto the resident's plates. The Dietary Cook did not use any type of utensil to do this, she used her gloved hands. The Dietary Cook did not stop and change her gloves during</p>						

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	<p>the above observations or wash her hands with soap and water.</p> <p>Interview with Dietary Cook #1 at the time, indicated she had always served potato chips and buns that way with her gloved hands. She indicated at the time, that she had no idea what size scoop should be used to serve the potato chips, nor did she know where a pair tongs were to serve the buns.</p> <p>The Dietary Cook continued to do this four</p>						

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F0465 SS=F	<p>more times until she was asked to use a scoop for the potato chips and tongs for the buns.</p> <p>This Federal Tag relates to Complaint Number 00089363.</p> <p>3.1-21(i)(2)</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to keep the kitchen and kitchen areas clean related to dirty floors, dirty walls, dirty vents, and dirty carts for 1 of 1 kitchen areas. This had the potential to affect 57 residents who resided in the facility. (The main kitchen)</p> <p>Findings include:</p> <p>1. During the full kitchen sanitation tour on 4/27/11 at 3:40 p.m., indicated the</p>			F0465	<p>F465-F Safe/Functional/Sanitary/Comfortable Environment The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. 1) The kitchen floor, walls, equipment, vents, pipes and connecting tubes have been cleaned and sanitized.2) All residents had the potential to be affected by this practice. An audit of current residents was completed to ensure that no residents were affected by this</p>		05/23/2011

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	<p>following:</p> <p>A. The kitchen floor had a large accumulation of food crumbs on it. Interview with Dietary Cook #2 at that time, indicated the floor was to be swept three times a day after each meal, and the last time it was swept was around 10:30 a.m.</p> <p>B. There was a large accumulation of paper debris and food particles under the food prep table.</p> <p>C. Both white floor vents located on the air conditioner had a large amount of dirt and dust noted on them. The black foam tubing located on the air conditioner pipes was dirty with dried food spillage and was cracked in many areas.</p> <p>D. The white wall tile located throughout the kitchen was dirty with dried food and/or beverage spillage.</p> <p>E. The floor under the dish machine was dirty. The white back splash behind the dish machine was observed with dried food and/or beverage spillage.</p> <p>F. The wheels on four transportation carts had a heavy accumulation of dirt and grease.</p>				<p>practice.3) The Dietary Manager will monitor/audit the kitchen for appropriate sanitation according to guidelines. Audits will occur at a minimum of five times per week for a minimum of at least 60 days or until no further issues are noted. Issues noted by the Dietary Manager will be reported to the E.D./designee for review and corrective action as needed. The Dietary District Manager and the E.D./designee will follow up on a weekly basis x 4 weeks, then monthly until no further issues are noted.4) Any concerns will be monitored through QAA process for a minimum of three months. If no issues are noted after completion of the monthly QAA process for three months, monitoring will be decreased to an as needed basis as determined by the QAA committee. If issues continue to be identified, the QAA committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAA committee.</p>		

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	<p>G. There was a large amount of food crumbs and dirt noted on the floor behind the griddle, stove, and convection ovens and against the baseboard.</p> <p>H. There was dirt and food crumbs under the steam table.</p> <p>I. There was a large amount of dust and grease on top of the convection ovens as well as on the sides of the convection ovens.</p> <p>J. There was dust and grease observed on the pipes and connecting tubes behind the oven.</p> <p>Interview with Dietary Cook #2 at that time, indicated all of the above was in need of cleaning.</p> <p>This Federal Tag relates to Complaint Number 00089363</p> <p>3.1-19(f) 3.1-21(i)(2)</p>						